

TRANSFER REQUEST

- The contract Purchaser should complete this form to request a transfer of units from one GET account to another.
- Complete all sections of this form and include signature or processing will be delayed.

Purchaser Information

Name (*First, Middle, Last, Suffix*) _____ Social Security Number _____

Street Address/Apartment Number _____ Email Address _____

Post Office Box Number _____ Telephone Number(s) _____
Home _____ Work _____

City / State / ZIP Code _____

Unit Transfer Information

Number of units to transfer _____ or ☐ transfer all units and close account

Transfer from GET account _____

GET Contract Number _____ Student's Name _____

Transfer to GET account _____

GET Contract Number _____ Student's Name _____

Reason for Change Request _____

Signature - REQUIRED

Only the contract Purchaser may authorize changes to the existing contract.

I certify under penalty of perjury that I am the legal contract Purchaser and I authorize these requested changes to the Guaranteed Education Tuition Program contract indicated above.

Purchaser's Signature

Date